

MEDICAL RESEARCH COUNCIL

Neurobiology and Mental Health Board

The M.R.C. will introduce a new board and committee structure from 1 September 1974. There will now be three new Boards, including one for Neurobiology and Mental Health. The responsibilities of this Board will be:

(a) To advise the Council on policy, to initiate and support research related to: mental health and disease, neurological disorders and injuries, disorders of the senses and motor skills, communication and learning, drug misuse and dependence, aspects of human behaviour not included in the above which may be relevant to health or disease; and

(b) To advise the Council about the level of support needed and to support research in various disciplines including: epidemiology, neurobiology, neurology, psychiatry, psychology, including social and applied, sociology applied to medicine, statistics and computer science.

The membership of the Board is as follows:

Prof. I. R. C. Batchelor, *Chairman* (University Department of Psychiatry, Dundee); Dr. R. H.

Adrian (Physiological Laboratory, University of Cambridge); Prof. A. J. Bullen (Department of Physiology, The Medical School, Bristol); Dr. J. A. N. Corsellis (Consultant Neuropathologist, Runwell Hospital); Prof. A. N. Davison (Institute of Neurology, London); Prof. M. A. Ferguson-Smith (University Department of Medical Genetics, Glasgow); Prof. M. G. Gelder (University Department of Psychiatry, Oxford); Prof. R. A. Hinde (University Subdepartment of Animal Behaviour, Cambridge); Prof. Margot Jefferys (Department of Sociology, Bedford College, London); Prof. Bryan Jennett (Department of Neurosurgery, Institute of Neurological Sciences, Glasgow); Prof. H. Gwynne Jones (Department of Psychology, University of Leeds); Dr. W. A. Lishman (Institute of Psychiatry, London); Prof. H. P. Rang (University Department of Pharmacology, Southampton); Prof. J. G. Robson (Royal Postgraduate Medical School, London); Prof. Alwyn Smith (Department of Community Medicine, Manchester); Dr. P. K. Thomas, D.Sc. (Consultant Neurologist, Royal Free Hospital, London).

CORRESPONDENCE

NEEDS OF THE MENTALLY HANDICAPPED

DEAR SIR,

Platitudes and woolly arguments mark the present tendency to denigrate psychiatric provision of care for the mentally handicapped. Regrettably, Dr. Day's letter (*N. & N.*, April 1974, p. 13) does little to raise the intellectual level of the discussion.

The 'medical model' of care, which is said to be no longer appropriate, is one of the meaningless clichés of the anti-psychiatric camp which has by now been worked to death. When Dr. Day uses it, does he mean that he considers pathological factors no longer operative in the aetiology of mental handicap? And is he also saying that the concern of the medical profession should be restricted to gross pathological lesions demonstrable at autopsy?

To do so, and to limit medicine to nosologically distinct entities, is to ignore functional derangement through the interplay of constitutional and environmental factors. Such an approach would rule out not only most psychiatric disturbances but also physical conditions such as diabetes.

It is naïve to believe that the Scandinavian patterns of care are a superior alternative to those found in this country. The Scandinavians, as well as organizing a non-medically oriented service, have poured a very large amount of money into this service. The result is that the standard of living conditions and comfort provided is greatly superior to those that we have been able to achieve. Nevertheless, other aspects of care are quite deficient. Research and scientific work, for example, is either non-existent or is carried out by doctors from outside the service. Dr. Day must have gathered when he was at the International Association for the Scientific Study of Mental Deficiency Congress at The Hague that considerable problems had arisen in the Scandinavian services—and that these were no longer commanding a consensus of satisfaction. It would be ironic if we were to adopt a form of care which is causing searching of heart in its countries of origin.

Another striking feature of the anti-psychiatrists is their disregard for logic and their unconcern for consistency in argument. Dr. Day appears to be capable of maintaining mutually exclusive proposi-

tions: on the one hand that the 'medical model' is inappropriate, and on the other that 'the mentally handicapped as a group present such a wide spectrum of medical needs that these can never be adequately covered by one specialist, however well trained'. If this were not enough, he claims that much less rigorously trained 'special care workers' could undertake with ease the overall responsibility which, in his eyes, overwhelms the medical specialist. Truly a case of special care workers rushing in where doctors fear to tread! I would be interested to know how Dr. Day can justify drawing a Consultant Psychiatrist's salary for doing the work which he so firmly believes he should not be doing.

I can understand how irresistible the allure of the bandwagon of DHSS pronouncements and of official opinions and policies can be for some people, and I can sympathize with Dr. Day's need to be continually at the forefront of fashion. However, it should be remembered that our decisions will have an impact upon the lives of our patients and their families, and we cannot afford the luxury of irrational modes of thought in the framing of policies.

ALEXANDER SHAPIRO.

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PSYCHIATRIC OPPORTUNITIES IN JAMAICA

DEAR SIR,

As you may know, the new Cornwall Regional Hospital has recently been opened in Montego Bay,

Jamaica. It is a 500-bedded hospital which provides for all medical specialties, and it is designated as an undergraduate and postgraduate teaching hospital by the Jamaica Government, to be associated with the University Hospital of the West Indies in Kingston.

The Jamaica Government has been active in trying to recruit doctors, especially Caribbean doctors to work at this Hospital, I myself have been seconded from the Department of Psychiatry at the University of the West Indies, with the responsibility of setting up psychiatric services in western Jamaica using the 50-bedded unit in the new Hospital as a base.

I would be most grateful to have your help in locating people from the English-speaking Caribbean who have been trained or are training in the U.K. in any of the following specialties: psychiatry, or child psychiatry; electroencephalography; social work or psychiatric social work; occupational therapy.

My assignment with the Jamaica Government is for two years up to the end of 1975.

I believe that if I could be in personal contact with West Indian nationals in these fields I would be able to supplement the efforts already being made by the Jamaica Government to recruit them to a hospital that has great potential. I am therefore asking you to publish this letter in the hope that such nationals who are readers of the *Journal* or of its *News and Notes* will communicate with me.

FRANK KNIGHT,
Consultant Psychiatrist.

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Montego Bay,
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SKIN PHOTSENSITIVITY REACTIONS TO TRANQUILLIZERS

A postal questionnaire on the prevalence of photo-sensitivity caused by tranquillizers is enclosed in this issue of *News and Notes*. The enquiry is being conducted by Professor I. A. Magnus of the Institute of Dermatology, London. It is hoped that members of the College will feel able to help.